

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9737 -62-040835

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED OCT-19-1962 XC-2 055 308

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MISSOURILength of stay in 1b
39 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION VAH, 215 N. GRAND AVE.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTYc. CITY
OR
TOWN MURPHYSBOROInside Limits
Yes ☒ No ☐d. STREET
ADDRESS ROUTE #3 (If outside, give location)Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
JOHN L. VAUGHT4. DATE
OF DEATH 10/9/62 Month Day Year5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
7/11/939. AGE (last birthday)
69IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
THEATRE MANAGER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
MUD RIVER, KENTUCKY12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

JESSIE VAUGHT

13b. MOTHER'S MAIDEN NAME

SYNTHIA A. ANNIS

14. NAME OF HUSBAND OR WIFE

EDNA VAUGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW-I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

EDNA VAUGHT (WIDOW) SEE #2

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

OBSTRUCTIVE PNCUMONITIS

INTERVAL BETWEEN
ONSET AND DEATH

BRONCHOGENIC CARCINOMA, RIGHT LOWER LOBE

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

1621

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/31/62 to 10/9/62 and last saw him alive on 10/9/62
Death occurred at 10:40 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)-

22b. ADDRESS

22c. DATE SIGNED

ROLAND B. MERNITZ

M.D.

VAH, ST. LOUIS, MO.

10/9/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Denny-Meyer, Murphysboro Illinois

OCT 11 1962

Earl Smith. M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.